From the 7/21/2004 JCIC meeting, changes beginning with the FY 2005 submissions:
   The following Client fields are no longer required and will not be edited:
      Initial Contact Date (field #8)

   The following Event fields are no longer required and will not be edited:
      Source of Pay 2 & 3 (DA0-05)
      Claim ID Number (CA0-29)
      Medicaid ID Number (DA0-28)
      Admission Date (EA0-26)

   The followin Human Resources field is no longer required and will not be edited;
      Birth Date (field #4)

You may continue to submit data in these fields, however, no penalities will be
associated with these fields and the data will not be used.

   A new code is added to the list of valid codes for Client field 10 (Race) and the
descriptions for some of the other fields has been modified.
      1   White / Caucasian
      2   Black / Africran American
      3   American Indian / Alaskan Native
      4   Asian
      5   Alaskan Native (do not use, use #3)
      6   Native Hawaiian / Pacific Islander
      7   Multi-racial
      8   Unknown / Not Collected
      9   Other

   Where appropriate and possible, valid code 8/98 (Unknown / Not Collected) has been
split into 6/96 (Not Applicable), 7/97 (Unknown), and 8/98 (Not Collected). Check the
Valid Codes table listing for a detailed list of the fields with these new codes.
These new codes may be used beginning with the submission for July, 2004.

Reminder 6/23/2004 - The Event Data Submission beginning with the July submission MUST
be in the HIPAA/837 format.

Added 6/23/2004 - The Place of Service (FA0-07 / SV105 codes for Group Home (35),
Staffed Residence (36), Family Home (37), Personal Care Home (38), Foster Care (39),
and Federally Qualified Health Care Center (50) are NOT valid HIPAA codes. Beginning
with the July submission, RDMC will be editing HIPAA submissions under HIPAA guidelines
and these codes will no longer be valid. This effects four regions, based on the FY
2004 submissions, and all four have been notified.

The state has recommended that codes 35-39 be replaced by code 12 (Home) and code 50 be
replaced by code 99 (Other). Beginning 6/21/04, the conversion program, written by
EDMC which changes the HIPAA format to the current NSF format, will make the
recommended change. However, beginning with July submissions (FY 2005), all Event
submissions are to be in HIPAA format and since codes 35-39 and 50 are NOT valid in the
HIPAA format, they will be considered errors.

Added 6/9/2004 - The Client_ID / Patient_Control_Number MUST start with a letter
between "G" and "P" (inclusive). If the original ID is 9-digit and all numeric, the
encryption programs will generate the above coding. When the results do not meet this

criteria, the original ID was invalid. Beginning at once, this will result in a Possible error in both the Client and Event data sets. Starting with the FY 2005 submissions, this will be a Fatal error. Currently, this effects only a couple of regions and a very small number of clients.

Client:
- Client Status Code; a more complete definition, especially for Status 2
- Provider Identifier (Site Code); an expanded definition to include CSU sites
- Employment Status; WILL BE considered for Completeness in FY 2005
- Income field; no longer required beginning with FY 2004, but if data is entered, do NOT include commas or decimals
- SSI / SSDI; WILL BE considered for Completeness in FY 2005
- Primary Source of Income / Support; WILL BE considered for Completeness in FY 2005
- Age of First Use Primary/Secondary/Tertiary; do not use 96 or 97 in these fields as those are special codes for TEDS; if the age when the client first started using is over 95, use '95'
- Homeless Indicator field; first collected in FY 2004 and all errors in this field were "possible" errors; beginning in FY 2005, all errors WILL BE "general" and counted towards Accuracy and Completeness

Event:
- Provider Number (CA0-28); an expanded definition to include CSU sites
- Claim ID Number (CA0-29); no longer required
- HCPCS Procedure Code (FA0-09); any valid HCPCS or CPT code will now be accepted, not just JCIC approved codes; several codes, previously approved by JCIC, are no longer valid HCPCS or CPT codes; these are listed as "possible" errors until FY 2005 when whey will be "General" errors

Event in HIPAA/837 format:
- beginning with FY 2005, all Event Data Submissions should be in HIPAA/837 format

Human Resources:
- Date of Birth will no longer be checked beginning with FY 2005
- "General" error against separated staff will be counted as "possible" errors; this is because some of this information would be impossible to capture on employees that no longer work for the region

Incentive Bond:
- FY 2004 Incentive Bond was calculated for all submissions for July, 2003 through March, 2004 (9 months). This is to allow the Department time to recognize those regions that do not meet the Incentive Bond criteria and distribute the lost funds to the other regions before the end of the fiscal year.
- FY 2005 Incentive Bond will be for all submissions for April, 2004 through March, 2005 (12 months). This is to allow the Department time to recognize those regions that do not meet the Incentive Bond criteria and distribute the lost funds to the other regions before the end of the fiscal year.